

NHSN Group Users Call

AUGUST 28TH, 2019

Welcome from the SHARP Unit!

- ▶ Elli Ray
 - ▶ NHSN Epidemiologist
- ▶ Brenda Brennan
 - ▶ HAI Coordinator/CRE Prevention Coordinator/SHARP Unit Manager
- ▶ Sara McNamara
 - ▶ Antimicrobial Resistance Coordinator
- ▶ Noreen Mollon
 - ▶ Infection Prevention Consultant
- ▶ Anne Haddad
 - ▶ Antimicrobial Stewardship Coordinator
- ▶ Charde Fisher
 - ▶ Health Educator
- ▶ Libby Reeg
 - ▶ MPH Candidate, GVSU

NHSN Updates

New! AU Module Trainings

- ▶ New two-part Quick Learn series that explores the AU Option Standardized Antimicrobial administration Ratio (SAAR)
- ▶ **Quick Learn Part 1: Standardized Antimicrobial Administration Ratio (SAAR) – Understanding the SAAR**
 - ▶ Focuses on understanding the SAAR, introduces updates to the 2017 baseline SAAR model, compares the 2017 baseline SAAR to the original 2014 baseline SAAR and describes where to find SAAR reports in NHSN
- ▶ **Quick Learn Part 2: Standardized Antimicrobial Administration Ratio (SAAR) – Interpreting the SAAR**
 - ▶ Describes how to run, modify, and interpret the 2017 baseline SAAR reports and generate default and modified SAAR reports
- ▶ Click [here](#) to view the short videos, and learn more about what the SAAR is, how it is useful and where to locate additional SAAR resources. You will find the videos in the “Training” section of the webpage.

Update on CLABSI SIR Report issues

- ▶ Since 7/16, users have been experiencing problems when trying to run the CLABSI SIR reports. Events occurring in Oncology locations were showing up as negative values and certain central line summary location/months are being excluded from the report tables. This issue was identified in the following reports:
 - ▶ Rate table –CLAB Data for SCA/ONC
 - ▶ SIR – Acute Care Hospital CLAB data
 - ▶ SIR – CLAB Data for Hospital IQR
- ▶ Full functionality has been restored to the CLABSI Rate and SIR tables as of 8/13/2019 for the issue of Oncology locations event counts appearing as negative values.
- ▶ To view your updated data, please log into NHSN and generate analysis datasets prior to running these reports. Remember that each individual user in your facility or group will have to generate their own datasets to apply the change to their reports.
- ▶ We are still in the process of investigating the summary location/months being excluded from the Device-associated reports. We will provide an update once this issue is resolved.
- ▶ *Please note: these issues are limited to the reports as run within the NHSN application and do not impact the data that are shared with CMS quality reporting programs.*

Continuing Education for NHSN Training – Now Available!

- ▶ Continuing Education (CE) credits are now available for those who have viewed the 2019 NHSN Training webstream videos!
- ▶ Please note that the 2019 presentations are “grouped” by topic into courses for Continuing Education. For example, the SSI course for CE credit includes the Surgical Site Infection Part 1 and Part 2, SSI Group Exercise, and Analyzing SSI Data videos.
- ▶ See detailed guidance in the files for download, including links to the training videos, number of CEs available per training course, and registration for obtaining CE. Available CEs include CME, CNE, CPH, and CEU.
- ▶ All archived webstream videos are available here:
<https://www.cdc.gov/nhsn/training/continuing-edu/trainingvideos.html>
- ▶ Step-by-step directions on accessing the CDC continuing education registration and online system can be found here: <https://tceols.cdc.gov/Home/Steps>
- ▶ Please email NHSNTrain@cdc.gov with any questions

Resources & Trainings

CDC/STRIVE infection control trainings!

► **Foundational Infection Prevention (IP) Strategies**

- Competency-based Training, Audits and Feedback – WB4220
- Hand Hygiene – WB4221
- Strategies for Preventing HAIs – WB4223
- Environmental Cleaning – WB4224
- Personal Protective Equipment – WB4225

► **Coming Soon! - These courses will be available by late September 2019**

- Building a Business Case for Infection Prevention – WB4227
- Patient and Family Engagement – WB4226
- *Clostridioides difficile* Infection (CDI) – WB4230
- Methicillin-resistant *Staphylococcus aureus* (MRSA) Bacteremia – WB4228
- Central Line-Associated Blood Stream Infection (CLABSI) – WB4229
- Catheter-Associated Urinary Tract Infection (CAUTI) – WB4222

► All courses offer FREE continuing educations

Antibiotic Use in the United States: Progress and Opportunities, 2018 Update

- ▶ Update to the 2017 Antibiotic Stewardship Report
- ▶ 2018 update highlights new antibiotic stewardship data, programs, and resources
- ▶ Includes examples of antibiotic stewardship improvements in outpatient, inpatient, and long-term care settings from healthcare facilities and organizations across the country
- ▶ Good resource to share, especially when discussing Antibiotic Stewardship efforts in your facility!
- ▶ Report available in the files for download section

Guidance about Enhanced Barrier Precautions for Nursing Homes

- ▶ This document is intended to provide guidance for PPE use and room restriction **in nursing homes** for preventing transmission of novel or targeted MDROs, including as part of a public health containment response.
- ▶ Introduces a new approach called Enhanced Barrier Precautions, which falls between Standard and Contact Precautions, and requires gown and glove use for certain residents during specific high-contact resident care activities that have been found to increase risk for MDRO transmission.
- ▶ This document is **not intended for use in acute care or long-term acute care hospitals** and does not replace existing guidance regarding use of Contact Precautions for other pathogens (e.g., *Clostridioides difficile*, norovirus) in nursing homes.
- ▶ Copy of the guidance document available in the files for download

SHARP Updates

2018 HAI Annual Report

- ▶ 2018 HAI Annual Report – **Coming early 2020!**
 - ▶ Descriptive overview of MI NHSN Group
 - ▶ Detailed overview of HAIs, represented by NHSN data
 - ▶ AU/AR Module
 - ▶ CRE data overview

Your questions...answered!

- ▶ Q: If a patient is discharged and readmitted through the ER with a new diagnosis of [HAI]. What NHSN “rule” do I use to determine my timeframe window of HAI vs CO?
- ▶ **Transfer Rule:** If the date of event is on the date of transfer or discharge, or the next day, the infection is attributed to the transferring/discharging location. This is called the Transfer Rule. If the patient was in multiple locations within the transfer rule time frame, attribute the infection to the first location in which the patient was housed the day before the infection’s date of event. Receiving locations or facilities should share information about such HAIs with the transferring location or facility to enable accurate reporting.
- ▶ **Note:** Surveillance after the patient is discharged from the facility is not required. However, if discovered, any infection with a date of event (DOE) on the day of discharge or the next day is attributable to the discharging location and should be included in any data reported to NHSN for that location. No additional device days are reported.

Your questions...answered!

- ▶ Q: Our critical care unit is both a medical critical care and step-down unit because we don't have a step-down unit in our hospital. So would the location designation for this type of unit be "Mixed Acuity" ward?
- ▶ The designation of Mixed Acuity Unit should be used only when both of the following are true: 1) Less than 80% of the patients are of the same acuity level, for example, critical care, step down or ward level; AND 2) "Virtual" locations cannot be set up within NHSN to identify groups of patients of the same acuity levels. Use of virtual locations requires the ability to identify separate patient days and device days for these groups of patients.



Questions?

Next Meeting

OCTOBER 23RD @10AM